



POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION SITE NUMBER (to be assigned by HQ)

15 00003820

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME

BROWNING FERRIS INC.

B. STREET (for other identifier)

C. CITY

714 DIVISION ST. ELIZABETH ST.

D. STATE

NJ

E. ZIP CODE

F. COUNTY NAME

UNION

G. OWNER/OPERATOR (if known)

1. NAME

SAME

2. TELEPHONE NUMBER

H. TYPE OF OWNERSHIP

☐ 1. FEDERAL ☐ 2. STATE ☐ 3. COUNTY ☐ 4. MUNICIPAL ☒ 5. PRIVATE ☐ 6. UNKNOWN

I. SITE DESCRIPTION

Site consists of an office, garage, shop, trash-transfer building & compactor. A yard is used to store roll-off containers and sludge hoses as well as truck parking. Special waste handled consists mostly of filter cake & industrial sludge which are eventually shipped to Maryland Hazardous Waste Treatment, Storage & Disposal Unit.

J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.)

Eckhardt Report identified from site visits

DATE IDENTIFIED (mo., day, & yr.)

L. PRINCIPAL STATE CONTACT

1. NAME

George Smojda SWA

2. TELEPHONE NUMBER

(609) 992-9877

II. PRELIMINARY ASSESSMENT (complete this section last)

A. APPARENT SERIOUSNESS OF PROBLEM

☐ 1. HIGH ☐ 2. MEDIUM ☒ 3. LOW ☐ 4. NONE ☐ 5. UNKNOWN

162321



B. RECOMMENDATION

☐ 1. NO ACTION NEEDED (no hazard) ☐ 2. IMMEDIATE SITE INSPECTION NEEDED
a. TENTATIVELY SCHEDULED FOR:

☐ 3. SITE INSPECTION NEEDED

a. TENTATIVELY SCHEDULED FOR:

b. WILL BE PERFORMED BY:

b. WILL BE PERFORMED BY:

☒ 4. SITE INSPECTION NEEDED (low priority)

C. PREPARER INFORMATION

1. NAME

John R. Gomez

2. TELEPHONE NUMBER

264-5689

3. DATE (mo., day, & yr.)

12/5/80

III. SITE INFORMATION

A. SITE STATUS

☒ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☐ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify):
(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)

B. IS GENERATOR ON SITE?

☒ 1. NO

☐ 2. YES (specify generator's four-digit SIC Code):

C. AREA OF SITE (in acres)

~ 4 acres

D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES

1. LATITUDE (deg., min., sec.)

2. LONGITUDE (deg., min., sec.)

E. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO

☒ 2. YES (specify):

see site description above

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	<input checked="" type="checkbox"/> 1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
<input checked="" type="checkbox"/> 4. TRUCK	<input checked="" type="checkbox"/> 4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	<input checked="" type="checkbox"/> 5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

This facility stores and transfers special wastes (H.W.) in addition to the transfer operation of regular wastes. Special wastes are shipped to Baltimore, Maryland.

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☒ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☒ 1. UNKNOWN ☐ 2. CORROSIVE ☐ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE

☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Manifests on site

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
<input checked="" type="checkbox"/> (2) METALS SLUDGES	(2) OTHER (specify):	(2) NON-HALOGNTD. SOLVENTS	(2) PICKLING LIQUORS	(2) ASBESTOS	(2) HOSPITAL
(3) POTW		(3) OTHER (specify):	(3) CAUSTICS	(3) MILLING/ MINE TAILINGS	(3) RADIOACTIVE
(4) ALUMINUM SLUDGE			(4) PESTICIDES	(4) FERROUS SMLTG. WASTES	<input checked="" type="checkbox"/> (4) MUNICIPAL
(5) OTHER (specify):			(5) DYES/INKS	(5) NON-FERROUS SMLTG. WASTES	(5) OTHER (specify):
			(6) CYANIDE	(6) OTHER (specify):	
			<input checked="" type="checkbox"/> (7) PHENOLS		
			(8) HALOGENS		
			(9) PCB		
			(10) METALS		
			(11) OTHER (specify):		

Zinc filter cake

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

Potential for hazardous waste being mixed & disposed of with domestic refuse is high. DEP found chemical pit adjacent to trash disposal

VI. HAZARD DESCRIPTION *continue*

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (mo., day, yr.)	E. REMARKS
1. NO HAZARD				
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS	X			<i>Drain adjacent to sludge pits might accept leachate.</i>
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT DUMPING				
22. OTHER (specify):				

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

SWDA - NJ Regulation # 2004A

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify):
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☐ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER
☐ 10. OTHER (specify):

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number):

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

Facility was fined \$100 for flying debris - Administrative Order.

IX. INSPECTION ACTIVITY (past or on-going)

- ☐ A. NONE ☒ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
Wkly MNLX INSPECTION		DEP	Given facility a "good rating" for housekeeping

X. REMEDIAL ACTIVITY (past or on-going)

- ☐ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION
ONGOING	11/13/79	STATE DEP	Chemicals to be stored in a new area away from drain + domestic waste containers

NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.

Hazardous Waste Site Dossier

I. Site Name

Browning-Ferris Industries
714 Division Street
Elizabeth, New Jersey

II. Background to Investigation and Source of Initial Referral

Site identified during investigation of the Browning-Ferris landfill in South Brunswick, New Jersey.

III. Site Description

The facility is actually a transfer station which consists of an office building, garage, trash transfer building, compactor, and a large storage yard which is used to store roll-off containers and sludge boxes. Registered with NJDEP as facility number 2004A, the transfer station handles municipal, as well as chemical hazardous wastes. Municipal wastes are disposed of at local landfills and the hazardous wastes are allegedly shipped to Baltimore, Maryland for disposal.

The facility is located in an industrial area and there appears to be no threat to groundwater or water supplies. Storm sewers on site, however, may be carrying polluted runoff into nearby water bodies (Newark Bay and Arthur Kill). This problem does not appear to be significant.

IV. Allegation of "Imminent Hazard" Pollution

The facility has been cited by NJDEP for allowing chemical sludges to be stored too close to the municipal waste area. The DEP alleges that the sludges were mixing in with the municipal wastes and as a result were being disposed of at landfills not authorized to accept chemical wastes. NJDEP also alleges that the sludge pile was located too close to storm sewers which could during heavy rain receive leachate from the sludge pile.

V. Current Involvement

In November, 1979, NJDEP requested that a special area away from the municipal waste area and storm sewer be designated for storage of chemical wastes. Browning-Ferris is currently in the process of complying.

VI. Information Still Needed

EPA should make a site visit to the facility to determine if acceptable methods are being practiced. If so, we should allow the State to continue managing the situation.

OK to E (M)

HAZARDOUS WASTE SITE STATUS

Name & Address

Browning Ferris Ind.
714 Division St
Elizabeth, NJ

County

Union

Preliminary Assessment Rating

Low

Tentative Disposition

No Action Needed

Site Inspection Requested

☐ Yes

☒ No

no request
of request

Date of RequestDate of Inspection

5/31/80

Date of Report

8/12/80

Site Inspection Rating

No Problem

JRB RatingSampling Requested

☐ Yes

☒ No

Date of RequestDate of SamplingDate of ReportFinal Strategy Determination -

(based on sampling results)

No Action Needed

Date of Determination

10/9/80

Enforcement by EPA

☐ Yes

☐ No

Date of Case Development PlanEnforcement Team Leader

Technical Staff -

Legal Staff -

S&A Field Staff -

FIT Staff -

Enforcement Case Filed DateAdministrative Order Issued Date

Current Location of File

☒ Assessment Staff
☐ Case Development Staff
☐ Enforcement Division
☐ Other

File Holder

John Jimenez

NJ 62



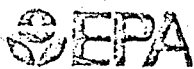
POTENTIAL HAZARDOUS WASTE SITE LOG

SITE NUMBER

NJ

NOTE: The initial identification of a potential site or incident should not be interpreted as a finding of illegal activity or confirmation that an actual health or environmental threat exists. All identified sites will be assessed under the EPA's Hazardous Waste Site Enforcement and Response System to determine if a hazardous waste problem actually exists.

SITE NAME <i>Browning Ferris</i>		714 Division St.				
CITY <i>Elizabeth</i>	STATE <i>NJ</i>	ZIP CODE				
SUMMARY OF POTENTIAL OR KNOWN PROBLEM <i>Chemical wastes being disposed of as municipal waste Leachate may be entering storm sewers.</i>						
ITEM	DATE OF DETERMINATION OR COMPLETION	RESPONSIBLE ORGANIZATION OR INDIVIDUAL (EPA, State, Contractor, Other)	PERSON MAKING ENTRY TO LOG FORM	DATE ENTERED ON LOG (mo, day, yr)		
1. IDENTIFICATION OF POTENTIAL PROBLEM	<i>12/79</i>	<i>State DEP</i>	<i>Jimenez</i>	<i>2/13/80</i>		
2. PRELIMINARY ASSESSMENT	<i>2/5/80</i>	<i>EPA</i>	<i>Jimenez</i>	<i>2/12/80</i>		
APPARENT SERIOUSNESS OF PROBLEM:		<input type="checkbox"/> HIGH	<input type="checkbox"/> MEDIUM	<input checked="" type="checkbox"/> LOW	<input type="checkbox"/> NONE	<input type="checkbox"/> UNKNOWN
3. SITE INSPECTION						
4. EPA TENTATIVE DISPOSITION (check appropriate item(s) below)						
<input type="checkbox"/> a. NO ACTION NEEDED						
<input type="checkbox"/> b. INVESTIGATIVE ACTION NEEDED						
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED						
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED						
5. EPA FINAL STRATEGY DETERMINATION (check appropriate item(s) below)						
<input type="checkbox"/> a. NO ACTION NEEDED						
<input type="checkbox"/> b. REMEDIAL ACTION NEEDED						
<input type="checkbox"/> c. REMEDIAL ACTION NEEDED BUT, NO RESOURCES AVAILABLE						
<input type="checkbox"/> d. ENFORCEMENT ACTION NEEDED						
<input type="checkbox"/> (1) CASE DEVELOPMENT PLAN PREPARED						
<input type="checkbox"/> (2) ENFORCEMENT CASE FILED OR ADMINISTRATIVE ORDER ISSUED						
6. STRATEGY COMPLETED						



POTENTIAL HAZARDOUS WASTE SITE
FINAL STRATEGY DETERMINATION

REGION II SITE NUMBER NJ000003820

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME BROWNING FERRIS INC. B. STREET 714 DIVISION ST.
C. CITY ELIZABETH D. STATE NJ E. ZIP CODE

II. FINAL DETERMINATION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED	X	X			
B. REMEDIAL ACTION NEEDED, BUT NO RESOURCES AVAILABLE (If yes, complete Section III.)					
C. REMEDIAL ACTION (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR FINAL STRATEGY DETERMINATION

No problems exist at site

F. IF A CASE DEVELOPMENT PLAN HAS BEEN PREPARED, SPECIFY THE DATE PREPARED (mo., day, & yr.)

G. IF AN ENFORCEMENT CASE HAS BEEN FILED, SPECIFY THE DATE FILED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME John R. Jemney 2. TELEPHONE NUMBER (212) 264-1573 3. DATE (mo., day, & yr.) 10/9/80

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
D. TOTAL ESTIMATED COST	\$	



POTENTIAL HAZARDOUS WASTE SITE
TENTATIVE DISPOSITION

REGION II SITE NUMBER NJ000003820

File this form in the regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME BROWNING FERRIS INDUSTRIES	B. STREET 714 DIVISION ST.	
C. CITY ELIZABETH	D. STATE NJ	E. ZIP CODE

II. TENTATIVE DISPOSITION

Indicate the recommended action(s) and agency(ies) that should be involved by marking 'X' in the appropriate boxes.

RECOMMENDATION	MARK 'X'	ACTION AGENCY			
		EPA	STATE	LOCAL	PRIVATE
A. NO ACTION NEEDED -- NO HAZARD	X	X			
B. INVESTIGATIVE ACTION(S) NEEDED (If yes, complete Section III.)					
C. REMEDIAL ACTION NEEDED (If yes, complete Section IV.)					
D. ENFORCEMENT ACTION NEEDED (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)					

E. RATIONALE FOR DISPOSITION

Site inspection revealed "clean" facility.

F. INDICATE THE ESTIMATED DATE OF FINAL DISPOSITION (mo., day, & yr.)

G. IF A CASE DEVELOPMENT PLAN IS NECESSARY, INDICATE THE ESTIMATED DATE ON WHICH THE PLAN WILL BE DEVELOPED (mo., day, & yr.)

H. PREPARER INFORMATION

1. NAME

John R. Gennery

2. TELEPHONE NUMBER

(212) 264-1523

3. DATE (mo., day, & yr.)

8/25/80

III. INVESTIGATIVE ACTIVITY NEEDED

A. IDENTIFY ADDITIONAL INFORMATION NEEDED TO ACHIEVE A FINAL DISPOSITION.

B. PROPOSED INVESTIGATIVE ACTIVITY (Detailed Information)

1. METHOD FOR OBTAINING NEEDED ADDITIONAL INFO.	2. SCHEDULED DATE OF ACTION (mo, day, & yr)	3. TO BE PERFORMED BY (EPA, Contractor, State, etc.)	4. ESTIMATED MANHOURS	5. REMARKS
a. TYPE OF SITE INSPECTION				
(1)				
(2)				
(3)				
b. TYPE OF MONITORING				
(1)				
(2)				
c. TYPE OF SAMPLING				
(1)				
(2)				

III. INVESTIGATIVE ACTIVITY NEEDED and PART B-PROPOSED INVESTIGATIVE ACTIVITY (Continued)

1. TYPE OF LAB ANALYSIS				
2. OTHER (specify)				

3. ELABORATE ON ANY OF THE INFORMATION PROVIDED IN PART B (on front & above) AS NEEDED TO IDENTIFY ADDITIONAL INVESTIGATIVE WORK.

O. ESTIMATED MANHOURS BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES	1. ACTION AGENCY	2. TOTAL ESTIMATED MANHOURS FOR INVESTIGATIVE ACTIVITIES
a. EPA		b. STATE	
c. EPA CONTRACTOR		d. OTHER (specify)	

IV. REMEDIAL ACTIONS

A. SHORT TERM/EMERGENCY STRATEGY (On Site & Off-Site): List all emergency actions needed to bring site under immediate control, e.g., restrict access, provide alternate water supply, etc. See instructions for a list of Key Words for each of the actions to be used in the space below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

B. LONG TERM STRATEGY (On Site & Off-Site): List all long term solutions, e.g., excavation, removal, ground water monitoring wells, etc. See instructions for a list of Key Words for each of the actions to be used in the spaces below.

1. ACTION	2. EST. START DATE (mo, day, & yr)	3. EST. END DATE (mo, day, & yr)	4. ACTION AGENCY (EPA, State, Private Party)	5. ESTIMATED COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

C. ESTIMATED MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES	1. ACTION AGENCY	2. TOTAL EST. MANHOURS FOR REMEDIAL ACTIVITIES	3. TOTAL EST. COST FOR REMEDIAL ACTIVITIES
a. EPA			b. STATE		
c. PRIVATE PARTIES			d. OTHER (specify)		